

EXHIBIT C

Claim Specific Remittance Advice Results Print Page**Remittance Advice DMED Response**

1. For best results and full-screen printing, set your printing options to print in Landscape.
2. To print, select the printable version link and then print from your browser.

MEDICARE Internal Admin Search

PROVIDER #: 1356334577

DATE: 02/10/2022

CHECK/EFT #: 92203901553

REND PROV	SERV DATE	POS	NOS	PROC MODS	BILLED	ALLOWED	DEDUCT	COINS	GRP/RC-AMT	PROV PD
NAME OLSEN, JEREMY	Medicare Number 2g85c49qh63	ACNT 03I19199362-2	ICN 22027829096000	ASG Y	MOA	MA01				
1356334577	0124 012422	12	90.0	E1399 GXCC	1824.90	1824.90	0.00	364.98	0.00	1459.92
				REM :						
PT RESP	364.98				CLAIM TOTALS	1824.90	1824.90	0.00	364.98	0.00
ADJ TO TOTALS: PREV PD	0.0				INTEREST	0.0	LATE FILING CHARGE	0.00	NET	1459.92

CLAIM INFORMATION FORWARDED TO:

Group, MOA, Remark and Reason Codes

Alert: If you do not agree with what we approved for these services, you may appeal our decision. To make sure that we are fair to you, we require another individual that did not process your your initial claim to conduct the appeal. However, in order to be eligible for an appeal, you must write to us within 120 days of the date of this notice, unless you have good reason for for being late.

[New Inquiry](#)